



**CITY OF ALBEMARLE**  
**Rebate Request Form**



SECTION 1 REBATE RECIPIENT INFORMATION		SECTION 2 SERVICE ADDRESS INFORMATION	
NAME _____		LOCATION _____	
MAILING ADDRESS _____			
CITY _____			
STATE _____ ZIP _____		SERVICE ACCOUNT # _____	
PHONE _____			
SECTION 3 TYPE OF REBATE			
APPLIANCE INSTALLED: <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SPLIT SYSTEM HEAT PUMP			
PROPERTY TYPE : <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> EXISTING CONSTRUCTION			
<input type="checkbox"/> RENTAL			
REBATE AMOUNT			
<input type="checkbox"/> 15.0 SEER or higher \$400.00			
HEATING/COOLING SYSTEM			
TYPE OF HEATING SYSTEM REPLACED? _____		NEW MANUFACTURER _____	
NEW HEAT PUMP SEER RATING _____		NEW ODU MODEL # _____	
NEW HEAT PUMP SIZE IN TONS _____		NEW SERIAL # _____	
AHRI REFERENCE # _____			
SECTION 4 Contractor Information			
Company Name _____		Contact Name/Title _____	Business Phone _____
I certify that all equipment information is accurate. I have read and understand all information and qualification standards and understand that Electricities may verify all information that I have provided.			
Contractor Signature _____		Date _____	
SECTION 5 Customer Acceptance of Terms			
I certify that I have read and understand all information and qualification standards for the High Efficiency Heat Pump Rebate Program. I attest that all information is correct. I agree to the verification of the sales transaction, and all information submitted above and to the inspection of the equipment installation by the City of Albemarle.			
Customer Signature _____		Date _____	
<b>Rebates will not be paid for incomplete applications. Did you:</b>			
<input type="checkbox"/> Include a copy of dated sales invoice?		<input type="checkbox"/> Include copy of AHRI certificate?	
<input type="checkbox"/> Sign and date the application?		<input type="checkbox"/> Fill in equipment, customer and contractor information?	
<input type="checkbox"/> Have your contractor sign and date the application?		<input type="checkbox"/> Include your service account number?	
<input type="checkbox"/> Retain copies of all paperwork for your records?			
For Office use only			
Date Received _____		Rebate Amount(\$) _____	Field Inspection Date _____
Date Approved _____		Authorized Signature _____	